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### **ADULT HEALTH PROGRAM MANUAL**

#### **For Clinical Preventive Services**

The Texas Department of Health

Revised April, 1999

The Texas Department of Health Bureau for Disease and Injury Prevention recognizes the value of Put Prevention Into Practice (PPIP) as a key strategy for improving the health of Texans. The experience of the Adult Health Program in implementing PPIP has illustrated that health professionals can assist patients in identifying and changing health risk associated behavior.

The Adult Health Program Manual and the Implementation Guide for Clinical Preventive Services were developed to help give providers a clear statement of what is needed to implement a comprehensive clinical preventive care system. These documents were designed for a broad audience of health care providers, administrators, and health educators in a variety of primary care settings including public health clinics, community health centers and private practice.

We hope this manual, and the companion documents, will guide providers in developing and maintaining high level, comprehensive preventive services which will lead to not only healthier patients, but to a healthier Texas in the years to come.

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Our thanks to all who gave their input and made us revise the manual that is never complete.

State of Texas

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## **Scope of Clinical Prevention Activities**

### **Introduction**

Preventive care has never been more important than it is today, and never has it been more complex. A yearly assessment of health risks for each of our patients may seem an attainable goal, yet there are many barriers to realizing the goal. By providing tools, standards, clinical guidelines, and technical assistance, the Adult Health Program (AHP) seeks to facilitate the delivery of clinical preventive services in primary care settings.

The purpose of the AHP's clinical prevention activities is to enable practitioners to:

1. Provide each patient with an annual health risk assessment to identify risk factors and health-compromising behaviors.
2. Address each patient's identified risks with targeted health promotion counseling and education, enabling patients to take action to modify their risks.
3. Follow selected risks with screening tests, examinations, and procedures designed to detect chronic disease processes so that patients, through awareness of the conditions, may seek medical evaluation, diagnosis, and guidance.

The Texas Department of Health's Adult Health Program clinical prevention activities target Texans aged eighteen and older. The clinical guidelines and standards in this manual are based on the recommendations for clinical preventive services described in the Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition.



## **The Scope and Role of the AHP in Clinical Prevention**

Patients can present with preventive needs ranging from unaddressed risk factors, which increase their risk of developing a disease, to fully developed disease conditions, which require monitoring to control disease progression and to prevent complications. Using the Put Prevention Into Practice (PPIP) model of the U.S. Public Health Service, Department of Health and Human Services, the AHP develops tools and provides consultation that enable health care providers to establish a baseline risk and disease status measure for each patient. This allows the practitioner to address outstanding risks through patient counseling and health promotion, to develop an individualized preventive health care plan, and to track and monitor existing conditions effectively.

The Adult Health Program's policies in this manual focus on selected risk assessment and screening guidelines based on the recommendations for clinical preventive services described in the Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition. The AHP defers to the policies of other disease or condition-specific programs of the Texas Department of Health for diagnosis and treatment and/or screening recommendations/requirements. The AHP's policies are meant to assist the clinician in the delivery of clinical preventive services, however decisions concerning which health care services to offer and when is ultimately left to the clinician based upon the individual needs of each patient.

The scope of clinical preventive services under the auspices of the AHP consists of these components:

- **Each patient will receive an annual health risk assessment.**

This is accomplished by the use of a Health Risk Profile (HRP) to determine the patient's areas of risk. Each HRP developed by the AHP consists of a specifically selected set of conditions or behaviors that can be effectively addressed to lower the patient's risk of developing a disease or experiencing an injury or adverse outcome. The AHP-HRP is not a patient health history. The patient history gathers more

specific information about the patient's past health events that may or may not be relevant to current medical decision making. Administration of the HRP initiates preventive services as described by the AHP in this manual, as well as the clinician's responsibility for addressing identified risks.

- **Patients will have all risks identified on the HRP addressed with risk reduction counseling and education.**

The encounter during which the HRP is completed provides the first, and possibly only, opportunity to provide patient education and counseling. Every encounter with a provider from that point on offers opportunities to teach, counsel, and reinforce risk reduction messages. This manual provides the minimum educational messages for clinicians to impart for each element on the HRP-SF (short form); more detailed one-on-one counseling or referral for group classes, when possible, is encouraged. Even if you are only able to provide the minimum risk-specific counseling to a patient who never returns, you have practiced prevention that may have a positive impact on the patient's health.

- **Certain elements on the HRP, if marked yes, require performance of a screening examination or test, or delivery of an immunization.**

Blanket screening is not an effective use of scarce resources. Screening on the basis of a patient's specifically identified risk, however, is an essential cornerstone of preventive practice. If a clinical practice setting is unable to perform indicated screens on-site, the practice is responsible for referral and follow-up of results. Recommendations that the AHP has included in this manual are outlined in the Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition.

The AHP has adopted the U.S. Preventive Services Task Force recommendations (unless otherwise stated) as the minimum standard in delivering clinical preventive services. A clinical practice may wish to adopt other standards (such as the American Cancer Society, etc.) and develop protocols for those specific standards.

In choosing standards, the clinical practice may apply the following questions to clinical preventive services:

- How important is the target condition in a specific patient population?
- How important is the risk factor?
- Is the preventive service effective?
- How accurately can the risk factor or target condition be identified?

Any clinical preventive services added to the minimum standards of the AHP is a project of the implementing agency and are not part of the AHP screening elements.

- **Providers must explain the significance of screening results and negotiate options for follow-up with patients.**

Results of screening procedures are not diagnostic. They are one step in the process of intervention. Negative screening results (including the identification of risk, e.g., tobacco use) offer clinicians an opportunity for potent risk reduction education. Positive screening results create an imperative: the patient must be notified, and the clinician must counsel the patient on the need for, and available options for next steps, including re-screening, diagnosis, monitoring and treatment of the condition as appropriate.

## **Purpose of this Manual**

Policies, procedures, and standards exist to establish consistency in an organization. The information provided in this revised AHP Manual serves to guide clinic administrators and clinicians in monitoring and evaluating quality in the provision of clinical preventive services. Together with the Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition and the AHP Implementation Guide for Clinical Preventive Services, this manual serves as a starting point for clinics to develop effective protocols for comprehensive clinical preventive service delivery. This manual is a living document that will change as new technology and information becomes available.

**Section I** details the elements and activities that comprise the scope of clinical preventive services under the AHP. To provide clarity and to be consistent with other TDH programs, the AHP has organized the topical information of Section I in the following format:

Background: A general statement that explains or outlines policy or conduct.

Policy: A statement of actions that will be followed.

Procedure: A detailed description of the steps to be taken to accomplish a job.

Standard: Specific actions required to meet a stated policy.

**Section II** of the manual provides model standards for screening and patient education specific to each of the health conditions on the Health Risk Profile-SF (short form). Screening exams should be performed only on those patients with identified risk. A tracking system for results and follow-up tests is crucial to make the screening valuable.

The Screening Standards, Recommended Standard Screening Procedures, and Retest and Follow-up information are designed to be used as a supplement to the Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition, and are required of AHP contract agencies unless alternative protocols have been developed. The manual is also recommended for agencies that do not have established protocols for the delivery of clinical preventive services and may be adopted "as is," or used as a guideline for the development of individualized clinic policies (recommended).

The Education Standards and Patient Counseling messages in this section outline the minimum information that must be covered with the patient at risk in order to satisfy the AHP requirements for patient education and counseling for AHP contract agencies.

**Section III** contains additional information on reporting and performance evaluation strategies. This information is specifically for the AHP contract agencies, but may be useful to anyone implementing or evaluating clinical preventive services.

The **Appendices** include Prevention Prescriptions for each element of the Health Risk Profile-SF. These one-page patient Rx/education sheets can be used as a contract between the clinician and patient, as well as an individualized, educational take-home form for patients identified at risk. The new Patient Risk Education sheets are also in this section. As the name implies, these are used to help patients identify their risks and at the same time, educate them to ask their clinician for screening if indicated.

## **Functions of the Adult Health Program**

### **Central Office**

The function of the central office staff is to:

- Develop and implement AHP/PPIP program policies, procedures, and materials related to the PPIP project;
- Provide technical assistance, reference information, and quality assurance/improvement consultation to contract agencies participating with AHP and to other interested agencies/individuals in the State of Texas;
- Provide technical assistance, training, and consultation to regional Clinical Prevention Specialists (CPS)\*;
- Act as the liaison between the AHP/PPIP project and other state and federal agencies and health care organizations;
- Monitor AHP contract agencies/contracts.

### **TDH Public Health Regions**

Under the general direction of the Regional Director, clinical preventive services within the Region are provided in accordance with the policies and guidelines of the Texas Department of Health and the AHP. The TDH public health regions, through the CPS, provide training, consultation, and technical assistance to AHP contract agencies, as well as to other primary care clinicians and professional schools/organizations interested in clinical preventive services.

\*Clinical Prevention Specialists (CPS) are regional public health nurses with specialized training in the implementation and evaluation of preventive care delivery systems. Consultation by a Clinical Prevention Specialist is available at no charge to public and private primary care providers within each Public Health Region.

## **AHP Contract Agencies**

Under the general direction of an agency's medical director, clinical personnel provide on-site clinical preventive services to patients served by the contract agency in accordance with policies of the TDH and the AHP, per the terms of the agency's contract with the Adult Health Program.

**SECTION I**

**POLICIES, PROCEDURES AND STANDARDS**

**ADULT HEALTH PROGRAM**

**TEXAS DEPARTMENT OF HEALTH**



## **Adult Health Program Policies, Procedures and Standards**

### **Policy No 1-1: Initiation of Preventive Services**

#### **Background**

To ensure the protection of the civil rights of the patient receiving clinical preventive services as described by the Adult Health Program (AHP), Public Health Regions and AHP contract agencies will adhere to existing federal regulations on nondiscrimination. Procedures for initiating the delivery of services in AHP contract sites are subject to general Texas Department of Health guidelines that apply to all adult patients.

#### **Policy**

- The AHP targets adults aged 18 and older for clinical preventive services using Put Prevention Into Practice materials. Guidelines, policies, procedures and standards contained in this manual apply only to patients in the AHP target population.
- The AHP sets no income eligibility requirement.
- Patients aged 18-21 years who are eligible for Texas Health Steps should only receive the clinical preventive services described by the AHP as a supplement to those services provided by Texas Health Steps.
- To ensure that all services described by the AHP are consistently applied to all patients regardless of disability, race, color, or national origin, adherence to the following federal civil rights laws are mandatory:
  - Nondiscrimination as identified in Title VI of the Civil Rights Act of 1964;
  - Nondiscrimination on the basis of disability as identified in the Rehabilitation Act of 1973, Section 5.04;
  - Nondiscrimination as identified in the Americans with Disabilities Act of 1990.
- Adherence to the Texas Administrative Code is mandatory.

- Public Health Regions and AHP contract agencies must have written policies, procedures and protocols to ensure that nondiscrimination exists for patients in all aspects of the delivery of services.
- AHP contract agencies must have written policies, procedures and protocols to ensure that any program applicant or participant who feels the agency has violated his or her civil rights for any reason based on race, color, national origin or disability may file a complaint.
- Any breach of federal regulations on nondiscrimination by the Public Health Region or an AHP contract agency will warrant an immediate investigation and suspension of state funding to the non-complaint provider.

## **Procedure**

- Consider all patients eighteen or older as potential recipients of clinical preventive services.
- Initiate clinical preventive services as described by the AHP by opening a patient record and completing a Health Risk Profile.

## **Standard**

- Patient records will demonstrate the following:
  - The delivery of clinical preventive services, as described by the AHP, is age-, risk- and gender-appropriate for the AHP target population.
  - The following federal civil rights laws are adhered to:
    - Nondiscrimination as identified in Title VI of the Civil Rights Act of 1964;
    - Nondiscrimination on the basis of disability as identified in the Rehabilitation Act 1973, Section 5.04;
    - Nondiscrimination as identified in the Americans with Disabilities Act of 1990.

- The agency adheres to the Texas Administrative Code.
- The site's policy, procedure and protocol manual is available to State Agency staff during site review visits.

**References:**

General Provisions for Texas Department of Health Contracts

Title VI, Civil Rights Act of 1964

Rehabilitation Act of 1973, Section 5.04

Americans with Disabilities Act of 1990

Texas Administrative Code

## **Adult Health Program Policies, Procedures and Standards**

### **Policy No. 1-2: Adult Health Program Clinical Components**

#### **Background**

All adults aged 18 and older should receive annual comprehensive clinical preventive services as part of their routine health care. It is the goal of Healthy Texans 2000 to increase the number of health care facilities providing patient education, health promotion and disease prevention programs to 90%. The number of people who receive all the age and gender appropriate screening and immunizations recommended by the U.S. Preventive Services Task Force should increase to 60%. The Adult Health Program has adapted the U.S. Public Health Service's Put Prevention Into Practice (PPIP) tools and strategies to facilitate the delivery of clinical preventive services.

#### **Policy**

- Each new or returning patient who receives clinical preventive services as described by the AHP will have an established medical record and receive an annual Health Risk Profile (HRP). During the following year, appropriate risk reduction education, screening tests, and immunizations will be provided at least one time for all identified risk factors.
- The Preventive Care Flow Sheet, or a similar form, with documentation of immunizations, required screening tests and patient education provided, will be initiated and updated as indicated.
- Treatment, counseling or referral for abnormal findings must be documented.

## **Procedure**

Obtain materials and technical assistance for clinical preventive service delivery and PPIP from the Adult Health Program and the Agency for Healthcare Policy and Research. Guidelines, policies, procedures and standards for delivery of services described by the AHP are provided in this manual, and may be adopted or revised by the clinicians/staff at each site (recommended). AHP contract sites however, must receive AHP approval for all revised policies, procedures, and guidelines.

## **Standard**

- The site is in compliance with all AHP policy and contract requirements.
- An annual performance review is conducted by the AHP to determine compliance with all AHP guidelines, policies, procedures, and standards.
- The site will state in its work plan or performance based objectives, a goal related to the number or percentage of patients to be provided the services described by the AHP.

## **Reference:**

Healthy Texans 2000

## **Adult Health Program Policies, Procedures and Standards**

### **Policy No. 1-3: Medical Records Standardization**

#### **Background**

All Adult Health Program contract clinics should have a standardized medical record to allow easy retrieval of patient information. It is recommended that all parts of each individual medical record be contained in one file to prevent loss of information and enhance the continuity of care.

#### **Policy**

A written policy that defines the organization of individual medical records, and the standard forms used, is recommended for agencies that do not have an established policy.

#### **Procedure**

AHP contract agencies will obtain or write a clinic medical records policy, signed by administration and reviewed annually, with clinic staff updated on any changes. Copies of the policy will be placed in areas readily accessible to all staff.

#### **Standard**

AHP contract agencies will adhere to the guidelines and standards of the clinic's written medical records policy. This policy will be made available to TDH staff during a site review visit.

#### **Reference:**

The AHP Policy for Confidentiality of Patient Records

## **Adult Health Program Policies, Procedures and Standards**

### **Policy No. 1-4: Confidentiality of Patient Records**

#### **Background**

To ensure privacy and confidentiality, each AHP contract agency will have a system in place to protect patient records deemed confidential by law. The Texas Open Records Act provides that information that is confidential by law, either constitutional, statutory or by judicial decision, is not subject to public disclosure. Persons with a communicable disease are protected by the Communicable Disease Prevention and Control Act, Section 3.06. AHP contract agencies should use internal and external security measures for controlling access to patient records to comply with confidentiality requirements of the law.

#### **Policy**

- AHP contract agencies are required to secure all AHP patient records from public knowledge and maintain the confidentiality of the information in the record as required by federal and state law.
- In accordance with the Texas Medical Practice Act, Section 5.08, the patient has the right of access to his or her medical records.
- Any breach of federal regulations on confidentiality by a AHP contract agency will warrant an immediate investigation and suspension of state funds to the non-compliant agency.

#### **Procedure**

- Secure patient records to prevent disclosure of confidential information to unauthorized personnel.
- Obtain or write a policy, procedure and protocol to insure that confidentiality of patient records

is maintained in accordance with federal and state law. This should include handling and transmission of data and information that contains patient identifiers.

- Staff should be trained/required to follow the written policy, procedure and protocol for confidentiality of patient records.
- Ensure that consent for the release of confidential information is in writing and signed by the patient, a legal guardian if the patient has been diagnosed as incompetent to manage his or her personal affairs, or an attorney if one has been appointed to manage the patient's affairs.
- Obtain or write a policy, procedure, and protocol to insure that any patient who feels the agency has violated his or her right to privacy by disclosure of confidential medical information may petition the district court of the county in which the patient resides for appropriate injunctive relief (refer to Medical Practice Act of Texas, Section 5.08).

### **Standard**

- The site adheres to the guidelines and standards of its written policy, procedure, and protocol regarding the confidentiality of patient records.
- The site adheres to the written confidentiality requirements of the General Provisions for Texas Department of Health Contracts.
- The site's policy, procedures, and protocol manual is made available to TDH staff during a site review visit.

### **References:**

General Provisions for Texas Department of Health Contracts

Texas Open Records Act, Government Code, Chapter 552

Texas Medical Practice Act, Section 5.08

Communicable Disease Prevention and Control Act, Section 3.06



## **Adult Health Program Policies, Procedures and Standards**

### **Policy No. 1-5: Health Risk Profile (HRP)**

#### **Background**

A health risk assessment initiates the delivery of clinical preventive services. Risk assessment should focus on the leading causes of illness and injury in adult patients based on age, sex, and personal health behaviors. The HRP is used to identify individuals at risk for a variety of chronic diseases related to lifestyle, family or environmental conditions. Providing the specific preventive services that are most appropriate for the individual patient is the principal objective of the Adult Health Program. A preventive care visit can serve as the basis for periodic checkups devoted to disease prevention, although the risk assessment can also be performed during visits for other reasons, when possible. For patients with limited access to care, the acute care visit may present the **only** realistic opportunity for the clinician to discuss prevention. The clinician should use discretion in selecting the appropriate interventions to address at each visit, and may wish to target those services related to the leading causes of illness and disability, and/or those that are a priority for each individual patient.

#### **Policy**

- To initiate delivery of preventive care services as described by the AHP, each patient will be assessed annually for health risks using the HRP.
- Health screening and risk reduction education for each identified risk will be provided by appropriately trained staff at least once during the following year.

## **Procedure**

- The Health Risk Profile is administered, or reviewed with the patient if a self-administered version is used, by appropriately trained and supervised personnel in a setting where confidentiality and privacy can be maintained.
- Refer to the “Instructions for Using the Health Risk Profile” for more detailed information.

## **Standard**

- A Health Risk Profile is completed once a year as part of a comprehensive health assessment.
- A copy of the HRP is maintained in the patient record.
- Specific risks identified by the HRP are used to determine screening and counseling needs and those needs are documented on the patient record. See the AHP Implementation Guide for more sample forms.

## **References:**

Adult Health Program Health Risk Profile

Clinician’s Handbook of Preventive Services, 2<sup>nd</sup> Edition

## Instructions for Using the Health Risk Profile (Targeted and Comprehensive)

### General Instructions

- The purpose of the Health Risk Profile is to identify patients at risk for cardiovascular disease, diabetes, certain types of cancer and areas impacting personal safety and well-being.
- The identification of risk factors guides the clinician in providing screening, immunizations, patient education and follow-up.
- Health risk factors, patient education, and screening standards in the AHP Manual are based on the Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition, unless otherwise stated.
- The HRP should be completed once each year on all adult patients as part of a comprehensive health assessment.
- After completing the Health Risk Profile, the Preventive Care Flow Sheet or a similar form should be initiated to document patient education, counseling and referrals, the results of screening tests or examinations, and immunizations given.
- A copy of the HRP and flow sheet must be maintained in the patient record.

### Directions

- Complete the patient demographic information.
- Indicate risk factor(s) identified for the patient by marking the appropriate area(s) beside each specific risk factor on the HRP. This process is the basis for individualized education and counseling.
- For each item, circle the "Y" in the "At Risk" column if a patient has any of the listed risk factors. Circle the "N" if the patient does not have any of the listed risk factors.
- An exception to indicating specific risk factor(s) is the question concerning STD and HIV risk. Read the entire question and the risk factors, then ask the patient if he or she has any of the factors mentioned. In order to be sensitive to the patients's feelings and to encourage an honest answer,

do not mark the specific risk factor(s).

If the patient indicates a risk, indicate by marking “Y” and refer to a provider for follow-up. The purpose of this question is to identify potential risk for STD and HIV.

- All patients who are at risk must receive the appropriate screening, education, counseling, referral and follow-up based on guidelines provided in the Clinician’s Handbook of Preventive Services, 2<sup>nd</sup> Edition, or upon individual guidelines adopted by the clinical site.
- If risk specific education and counseling is provided at the time of the administration of the HRP, place a check mark in the column to the right of the specific risk factor(s). Otherwise, the provision of education and counseling is documented on the flow sheet.

# Sample TARGETED Health Risk Profile (SF)

Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_ Female \_\_\_ MR # or SS #: \_\_\_\_\_  
 Ethnicity: \_\_\_ White (not of Hispanic origin) \_\_\_ Hispanic \_\_\_ African American (not of Hispanic origin) \_\_\_ Native American \_\_\_ Asian/Pacific Islander Other: \_\_\_\_\_  
 \_\_\_\_\_

Targeted HRP-SF (short form): Annual Assessment and Preventive Health Care Plan

At Risk?	Health Indicator	Annual Assessment of Risk Factors (Based on USPSTF recommendations)	Ed. T
Y N	1. Weight	___ Above healthy weight range for height, or ___ BMI greater than 25.	
Y N	2. Blood Pressure	___ Above healthy weight range. ___ Does not get 30 minutes of exercise most days of the week. ___ First degree family history of high blood pressure or personal history of hypertension.	
Y N	3. Cholesterol	___ Male aged 35-65, screen periodically. ___ Female aged 45-65, screen periodically.	
Y N	4. Tobacco Use	___ Currently smokes cigarettes, cigars or pipes or uses smokeless tobacco.	
Y N	5. Diabetes	___ Age 40 or older <b>and</b> obese, <b>or</b> at high-risk for diabetes due to: ___ Has a parent, sister or brother with diabetes, or ___ Member of a high risk ethnic group. (African/Native American, Hispanic)	
Y N	6. Vaccine Preventable Diseases	Needs the following immunizations: ___ Tetanus-diphtheria booster - Ten or more years since last booster ___ Influenza - 65 or older or high-risk ___ Pneumovax - 65 or older or high risk ___ Rubella - Non-immune female of child-bearing age ___ Hepatitis B - Member of a high risk group and not immunized	
Y N	7. Cancer		
Y N	<u>Colorectal Cancer</u>	___ Age 50 or older and has not been screened with a sigmoidoscopy and/or a FOBT test.	
Y N	<u>Mammogram</u>	___ Age 50 to 69, and has not had a mammogram within the last one to two years.	
Y N	<u>Pap Smear</u>	___ 3 or more years since last Pap smear.	
Y N	<u>Prostate Cancer</u>	___ Age 50 or older and has not received counseling on risks/benefits of screening.	

Notes/Instructions: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed by  
 clinician: \_\_\_\_\_ Date: \_\_\_\_\_

AHP-3/99

# Sample COMPREHENSIVE\* Health Risk Profile (SF)

Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_ Female \_\_\_ MR # or SS #: \_\_\_\_\_

Comprehensive HRP-SF (short form): Annual Assessment and Preventive Health Care Plan \*when combined with the Targeted

HRP-SF

At Risk?	Health Indicator	Annual Assessment of Risk Factors (Based on USPSTF recommendations)	Ed. T
Y N	8. Hormone Replacement Therapy (HRT)	<input type="checkbox"/> Peri/post menopausal female not on HRT and/or has not received counseling on the risks/benefits of therapy <input type="checkbox"/> At increased risk for osteoporosis due to: <input type="checkbox"/> Does not get weight-bearing exercise several times a week <input type="checkbox"/> Does not get adequate calcium and Vitamin D <input type="checkbox"/> Low body weight <input type="checkbox"/> Mother had disease <input type="checkbox"/> Asian/Caucasian female <input type="checkbox"/> Menopause at < 40	
Y N	9. Tuberculosis Infection	<input type="checkbox"/> Close contact with a person who has active TB <input type="checkbox"/> Occupational high-risk (healthcare, correctional, residential, etc.) <input type="checkbox"/> Lived in endemic area in the past year (SE Asia, Africa, Latin America) <input type="checkbox"/> Medical risks factors (e.g., diabetes, ESRD, etc.)	
Y N	10. Nutrition/Physical Activity	<input type="checkbox"/> Poor nutrition as identified by a nutritional assessment or other tool. <input type="checkbox"/> Does not exercise 30 minutes on most days.	
Y N	11. Oral Health/Hygiene	<input type="checkbox"/> Poor dental hygiene: does not brush and floss daily. <input type="checkbox"/> Does not see a dentist regularly. <input type="checkbox"/> Smokes or chews tobacco and/or drinks alcohol (currently or in past).	
Y N	12. STD or HIV Infection	<input type="checkbox"/> Has/had any one of the following risk factors: Previous STD, multiple sex partners, or shared needles	
Y N	13. Unintended Pregnancy	<input type="checkbox"/> Sexually active male or sexually active female of childbearing age <input type="checkbox"/> Does not desire a pregnancy/is not using a reliable birth control method	
Y N	14. Alcohol/Drug Use	<input type="checkbox"/> Drinks more than two drinks/day (men) <b>or</b> one drink/day (women) <input type="checkbox"/> Uses or has used "street drugs" <input type="checkbox"/> Long term use of certain prescription drugs <input type="checkbox"/> Has had medical and/or social problems related to alcohol or drug use	
Y N	15. Injury/Accidents	<input type="checkbox"/> Does not use seatbelts when in a motor vehicle <input type="checkbox"/> Does not use a helmet when on bike/motorcycle <input type="checkbox"/> Drinks alcohol and drives, or rides with someone who does <input type="checkbox"/> Medicines, chemicals/poisons or firearms are accessible to children <input type="checkbox"/> Does not have working smoke detectors in the home. <input type="checkbox"/> At risk for battering or abuse (emotional, verbal or physical)	

Notes/Instructions: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed

by clinician: \_\_\_\_\_ Date: \_\_\_\_\_ AHP-3/99

## **Adult Health Program Policies, Procedures and Standards**

### **Policy No. 1-6: Preventive Care Flow Sheet**

#### **Background**

In order to take advantage of both acute and chronic care visits as opportunities to deliver clinical preventive services, it is necessary to have a tracking and prompting system in place. Such a system allows the clinician, and other clinic staff, to quickly determine a patient's need for preventive services, including education and counseling. If time is lacking to actually deliver the needed preventive service at that visit, the patient is informed of services needed and a preventive care plan is established.

#### **Policy**

To ensure that appropriate health screening, risk-reduction education, and counseling are provided, the Preventive Care Flow Sheet, or a similar form, to document immunizations, screening tests and exams, and patient education will be initiated with the health risk profile and updated each time a preventive service is provided.

#### **Procedure**

- After completing an annual HRP, complete a Preventive Care Flow Sheet on all adult patients.
- Refer to the "Instructions for Completing the Preventive Care Flow Sheet" for detailed information.
- Maintain the Preventive Care Flow Sheet in a prominent place in the patient record, and ensure that it is updated by the appropriate personnel each and every time any preventive services are provided, including education and counseling. The results of all screening exams, such as lab work, should also be recorded promptly on the flow sheet.

## **Standard**

- The Preventive Care Flow Sheet is completed each year as part of a comprehensive health assessment.
- A copy of the Preventive Care Flow Sheet, or a similar form, is maintained in the patient record and updated as needed throughout the coming year.
- Abnormal results identified on the flow sheet are addressed and documented in the patient record.

## **References:**

Adult Health Preventive Care Flow Sheet

Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition

AHP Policy for Abnormal Screening Results



## **Instructions for Using the Preventive Care Flow Sheet**

### **General Instructions**

- The purpose of the Preventive Care Flow Sheet is to help the clinician monitor and document counseling, education, referrals, screening examinations and tests, and immunizations provided.
- The form should be initiated whenever the patient receives an annual health risk assessment and updated whenever any screening tests, immunizations, referrals and counseling or education are provided.
- The Preventive Care Flow Sheet is to be initiated on all adult patients who have completed a HRP. The Flow Sheet is to be maintained in the patient record in a prominent place.
- Any area on the HRP where a “Y” has been circled in the “At Risk” column, must be addressed in the appropriate area of the Flow Sheet.

### **Directions**

1. Complete the patient demographic information.
2. The sections of the Flow Sheet provide space to document patient counseling and dates, examinations, test dates and results, immunizations, and referrals.

### **Counseling**

- Indicate risks that have been identified on the HRP by marking the appropriate box on the flow sheet. Any properly trained staff member can assist the patient in identifying risk, but necessary counseling or follow-up action may require specialized training.
- Enter the date counseling was done in the appropriate area and sign/initial by each identified risk for which education/counseling was provided. (Education and counseling provided at the time of the administration of the HRP is documented on that form.) Unique information regarding counseling provided or action taken should be charted in the progress notes.

### **Examination and Test Dates and Results**

- The schedule column may list a frequency for testing. This column should be completed/revised based on the standards and protocols adopted by the individual clinic.
- Results may be coded (N: Results Normal, A: Results Abnormal, R: Refused, P: Pending) or the actual results may be entered.

### **Immunizations**

- The date the immunization is given, the lot number (or other I.D.), the site, and the initials of the staff member who administered the vaccine should be entered.

# Sample Preventive Care Flow Sheet

(For use with the Targeted HRP-SF)

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

if applicable: Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ / if applicable: Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

' Weight	_____	_____	_____	' Colorectal Cancer	_____	_____	_____
' Blood Pressure	_____	_____	_____	<u>Female Only:</u>			
' Cholesterol	_____	_____	_____	' Mammogram	_____	_____	_____
' Tobacco	_____	_____	_____	' Pap Smear	_____	_____	_____
' Diabetes	_____	_____	_____	<u>Male Only:</u>			
' Immunizations	_____	_____	_____	' Prostate Cancer	_____	_____	_____
' _____	_____	_____	_____	' _____	_____	_____	_____

Suggested Result Codes: N=Results Normal A=Results Abnormal R=Refused P=Pending

Screening test/exam	Freq.		Yr. _____ Age	Yr. _____ Age	Yr. _____ Age	Yr. _____ Age	Yr. _____ Age
Weight		Date/ Result					
Blood Pressure		Date/ Result					
Cholesterol		Date/ Result					
Diabetes		Date/ Result					
Fecal Occult Blood		Date/ Result					
Sigmoidoscopy/ Colonoscopy		Date/ Result					
Mammogram (female)	q1-2yr age 50- 69yr	Date/ Result					
Pap Smear (female)	q 3yr	Date/ Result					
		Date/ Result					
		Date/ Result					

Immunizations	Freq.	I.D.	Date/Site/Sig.	Date/Site/Sig.	Date/Site/Sig.	Date/Site/Sig.	Date/Site/Sig.
Tetanus	q10yr						
Influenza Vaccine	q1yr </>65						
Pneumococcal Vaccine	x1 </>65						
Hepatitis B	Series						
MMR							

AHP -3/99

## Sample Preventive Care Flow Sheet

(For use with the Comprehensive HRP-SF)

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_\_\_

/ if applicable: Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ / if applicable: Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

' HRT	_____	_____	_____	' Alcohol/Drug Use	_____	_____	_____
' TB infection	_____	_____	_____	' Injury/Accidents	_____	_____	_____
' Nutrition/Physical Act.	_____	_____	_____	'	_____	_____	_____
' Oral Health/Hygiene	_____	_____	_____	'	_____	_____	_____
' STD/HIV	_____	_____	_____	'	_____	_____	_____
' Unintended Pregnancy	_____	_____	_____	'	_____	_____	_____
'	_____	_____	_____	'	_____	_____	_____

Suggested Result Codes: N=Results Normal A=Results Abnormal R=Refused P=Pending

Screening test/exam	Freq.		Yr. _____ Age	Yr. _____ Age	Yr. _____ Age	Yr. _____ Age	Yr. _____ Age
Oral Health and Hygiene		Date/ Result					
TB infection/ PPD		Date/ Result					
STD/HIV		Date/ Result					
		Date/ Result					
		Date/ Result					
		Date/ Result					
		Date/ Result					

Screening test/exam	Freq.		Yr. _____ Age	Yr. _____ Age	Yr. _____ Age	Yr. _____ Age	Yr. _____ Age
		Date/ Resul t					
		Date/ Resul t					

Referrals:	Date	Result
Diabetic Education		
Nutritional Education		
Smoking Cessation Program		
Dental Examination		

## **Adult Health Program Policies, Procedures and Standards**

### **Policy No. 1-7: Clinician's Handbook of Preventive Services, 2<sup>ND</sup> Edition**

#### **Background**

A significant barrier to providing comprehensive clinical preventive services has been the lack of a resource for preventive care guidelines. In 1989, the U.S. Preventive Services Task Force, a body of experts convened by the U.S. Department of Health and Human Services, examined the scientific evidence for almost every type of preventive care and published the Guide to Clinical Preventive Services. In 1994 the U.S. Department of Health and Human Services and the U.S. Public Health Service issued its first comprehensive set of recommendations in the Clinician's Handbook of Preventive Services. The recommendations of major authorities regarding who should receive each type of preventive service and the basics of delivering each service are summarized in the Handbook. It is the key resource for the Put Prevention Into Practice strategy.

#### **Policy**

The Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition is the reference for the delivery of clinical preventive services for the Adult Health Program.

#### **Procedure**

Obtain the Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition and ensure that personnel have access to copies for reference.

**Standard**

Clinical staff use the Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition as needed for information on recommended screening exams and tests, adult immunizations, and health education and counseling. It can also be used to select the items and intervals for screening when the clinic staff develop an individualized health risk assessment for use with their patients.

**References:**

Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition

Guide to Clinical Preventive Services

## **Adult Health Program Policies, Procedures and Standards**

### **Policy No. 1-8: Personal Health Guide**

#### **Background**

Effective delivery of clinical preventive services requires active patient involvement. At the most basic level, patients must consent to receive preventive care. Most studies have found that patients are very interested in preventive services.

In research done for the AHP by the University of Texas, patients reported using their guide for themselves as well as family and friends. Several reported bringing it with them to every office visit as instructed, but that staff rarely or never asked for it or helped them add new health information.

Every effort should be made to foster patient knowledge and interest in preventive care. The valuable role patients play in tracking and prompting their own preventive care is often overlooked by health care providers. The Personal Health Guide (PHG) is a tool designed to educate and empower patients in the areas of preventive care and risk behavior reduction. The PHG is available in English and Spanish to be distributed to appropriate patients.

#### **Policy**

Use of the PHG is not mandatory. However, the Adult Health Program encourages that it be actively distributed to and used with appropriate patients.

#### **Procedures**

Refer to the “Instructions for Use of the PHG” for further information.



**Standard**

If the PHG is used, the provider should instruct the patient in its use and ask the patient to bring it back to subsequent clinic visits.

**References:**

Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition

Personal Health Guide

## **Instructions for Use of the Personal Health Guide**

### **General Instructions**

The Personal Health Guide is a patient-held preventive care tracking document. The guide helps the patient and the health care provider assess risk factors and plan an individualized schedule of clinical preventive services. The importance of each major preventive service is clearly explained. Each section can be used to provide individual patient education and to set behavior change goals. The booklet also contains a chart for the patient to track preventive services. The patient should be encouraged to request preventive services when they are due.

### **Directions**

- Explain the purpose of the PHG to the patient (the PHG may be used in conjunction with the Health Risk Profile).
- Assist the patient to complete areas which request patient interaction.
- Have the patient read or review the information on each page. Reinforce the health messages provided and assist the patient in setting goals for behavior change.
- Provide additional health education literature as needed.
- Assist the patient to find resources for other health issues identified.
- Ask the patient to bring the PHG to subsequent visits.
- Address identified risks and goals at each visit.
- Reinforce all positive behavior changes, even if they are very small.

## **Adult Health Program Policies, Procedures and Standards**

### **Policy No. 1-9: Core Preventive Screening Elements**

#### **Background**

The recommendations of the U.S. Preventive Services Task Force have been established by the Adult Health Program as the minimum standards for all screening interventions. Sites should select the number and types of preventive services to be provided based upon an approved policy. Individual need for preventive services is determined by identification of risks using the HRP. The frequency and content of the periodic health examination should be tailored to the unique health risks of the individual patient and should take into consideration the evidence that a specific preventive service is clinically effective.

#### **Policy**

- Each patient who has a completed HRP, and is identified at risk, will be offered clinical preventive services appropriate for his or her age, gender and identified risk factors.
- If a provider defers a screening test or exam for a patient, the rationale for deferral must be documented in the medical record. If a patient refuses a recommended service, this should be clearly documented in the medical record, in addition to documentation of staff explanations and attempts to provide the service.

#### Screening Tests or Exams for At-Risk Individuals may include:

- Weight (with height)
- Blood Pressure
- Serum Cholesterol Level
- Blood Glucose Level (addition by AHP for high risk adults)
- Screening for Colorectal Cancer

- Mammography
- Pap Smear
- Oral Exam (addition by AHP for high risk adults)
- Tuberculosis Skin Test
- STD and HIV Screening for at Risk Individuals

Immunizations to Be Administered for At-Risk Individuals may include:

- Tetanus and Diphtheria Vaccine
- Influenza Vaccine
- Pneumococcal Pneumonia Vaccine
- Measles-Mumps-Rubella
- Hepatitis B (addition by AHP for high risk adults)

Education and/or Counseling for At-Risk Individuals may include:

- Weight
- Blood Pressure
- Serum Cholesterol Level
- Tobacco Use
- Blood Glucose Level/Diabetes (addition by AHP for high risk adults)
- Vaccine Preventable Diseases
- Colorectal Cancer
- Breast Cancer/Mammography
- Cervical Cancer/Pap Smear
- Prostate Cancer
- Hormone Replacement Therapy
- Tuberculosis Infection
- Nutrition and Physical Activity
- Oral Health and Hygiene (addition by AHP for high risk adults)
- STD and HIV Prevention and Screening

- Unintended Pregnancy
- Alcohol and Drug Use
- Injury and Accident Prevention

## **Procedure**

Refer to the individual Screening and Risk Reduction Education Standards in Section II.

## **Standard**

- The site provides the selected core preventive service elements to each patient. If services are not available within the clinic, the patient is referred to appropriate sources of care.
- Results of screening exams are documented on a Preventive Care Flow Sheet or a similar form.
- Quality assurance data indicates that all identified patient screening needs are addressed appropriately.
- Records audit indicates that services are appropriate for identified risks and for age and gender.
- Records audit indicates that abnormal findings are appropriately treated or referred for treatment.

## **References:**

Clinician's Handbook of Preventive Service, 2<sup>nd</sup> Edition

AHP Policies for:

Normal Screening Results

Abnormal Screening Results

Refusal of Tests, Examinations and Immunizations

## **Adult Health Program Guidelines, Policies and Standards**

### **Policy No. 1-10A: Quality Assurance for Mammography**

#### **Background**

To ensure a reasonable and prudent standard of care, Adult Health Program contract agencies must use the services of mammography providers that meet current state and federal requirements for certification.

#### **Policy**

AHP contract sites will refer to, or use, mammography facilities that:

- c Follow guidelines for mammography quality assurance issued by the Public Health Service Centers of Disease Control and Prevention pertaining to the Breast and Cervical Cancer Mortality Prevention Act of 1990, 42 USC §§201 note, 300k-300n-5, as amended.
- c Possess a full certificate from the appropriate agency certifying compliance with the Federal Mammography Quality Standards Act of 1992, 42 USC §201; 42 USC §263b and provisions set out as a note under §263b.

#### **Procedure**

- Identify a source and develop referral protocols with qualified mammography providers.
- Use the AHP Health Risk Profile to annually assess each female patients' status regarding the need for mammography based upon established policies.
- Make risk reduction education and a screening mammogram available to each patient found to be at risk. See Section II of this manual for Mammography Screening and Risk Reduction Education Standards.
- Make available a diagnostic mammogram or other services for patients with an abnormality.

## **Standard**

- The site maintains evidence of FDA and state inspection certificates, ACR accreditation and qualifications of radiologists and technologists for each unit providing mammography services; if applicable.
- Mammography equipment is certified by the TDH Bureau of Radiation Control.
- If the mammography order is not individually and specifically written by a licensed practitioner of the healing arts, the facility must have special authorization for self referred patients; if applicable.
- Mammography providers are Medicare-certified for mammography, or pending Medicare certification.
- Mammography procedures follow current medically accepted examination methods.
- Mammography providers must provide a copy of the patient's films to the primary care provider for the patient's medical record.
- Abnormal results are addressed and disposition is documented in the medical records.

## **References:**

### Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition

Breast cancer screening should be performed in women 50-69 years of age through mammography every one to two years with or without annual clinical breast examination (CBE). US Preventive Services Task Force, page 202.

### Adult Health Policy:

Core Preventive Screening Elements

Abnormal Screening Results

American College of Radiology Standards

TDH Breast and Cervical Cancer Control Program

Mammography for asymptomatic women should be preceded by a clinical breast examination.

## **Adult Health Program Policies, Procedures and Standards**

### **Policy No. 1-10B: Quality Assurance for Cervical Exam**

#### **Background**

To ensure a reasonable and prudent standard of care for screening individuals at risk for cervical cancer, Adult Health Program (AHP) contract agencies must maintain quality in the provision of cervical screening exams, including standardization of procedures and qualifications of providers.

#### **Policy**

- Each licensed medical and nursing professional must maintain adequate education and skills to adhere to good medical and nursing practice for the administration of clinical cervical exams.
- Clinician's performing beyond the scope of their training and knowledge are in violation of their professional licensure standards.
- AHP contract sites will use laboratories that meet the Clinical Laboratories Improvement Act (CLIA) standards.

Cytology providers shall:

- c Possess a current, Clinical Laboratory Improvement registration certificate issued by the U. S. Department of Health and Human Services.
- c Use the Bethesda Reporting System for Pap Smear results (or any system adopted by CDC).
- c Possess a current copy of the HCFA Clinical Application (HCFA-116) indicating that the cytology provider has applied for certification in cytology services.
- c Be accredited by a HCFA-approved accrediting organization, or be certified by RECEIVING AGENCY as in compliance with the Clinical Laboratory Improvement Amendments of 1988, 42 USC 263a.
- AHP contract sites will maintain a written policy on performing a cervical exam and Pap smear and referral for treatment.



## Procedure

- Use the AHP Health Risk Profile to annually assess each female patients' status regarding the need for clinical cervical examination based on established policies.
- Make risk reduction education, a Pap smear, and a pelvic exam available to each at-risk patient.
- Refer to the Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition for the minimum standards for performing clinical pelvic examinations, obtaining Pap specimens, and referral for treatment. See Section II of this Manual for Cervical Exam Screening and Risk Reduction Education Standards.
- Maintain evidence that the staff is adequately trained to perform clinical pelvic examinations and obtain Pap specimens.

## Standard

- Cervical examinations are performed and Pap specimens are obtained by qualified physicians, registered nurses with additional training, or other mid-level practitioners.
- Procedures follow current medically accepted examination methods and contain all the essential components in the Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition for performance of cervical examination and Pap smear.
- Individuals with abnormalities or suspicious lesions are referred to a physician for follow up and disposition for treatment is documented in the medical record.
- Staff credentials and documentation of training are made available to the state agency staff during site review visit.
- The site's clinic procedure manual is available to State Agency staff during site review visits.

**References:**

Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition

AHP Policy for:

Core preventive Screening Elements

Abnormal Screening Results

TDH Breast and Cervical Cancer Control Program

CBE required with a cervical exam.

## **Adult Health Program Policies, Procedures And Standards**

### **Policy No. 1-10C: Quality Assurance for Clinical Breast Exam (CBE)\***

#### **Background**

To ensure a reasonable and prudent standard of care for screening individuals who have risk factors for development of breast cancer, Adult Health Program (AHP) contract agencies must maintain quality in the provision of clinical breast exams, including standardization of procedures and qualification of providers.

#### **Policy**

- C Each licensed medical/nursing professional must maintain adequate clinician education and skills to assure performance adheres to good medical/nursing practice for administration of clinical breast exams. Training may be obtained through nurse practitioner training, nurse midwife or physician assistant training, physician medical training, or other recognized training courses approved for continuing education.
- C AHP contract agencies will maintain written procedures for performing clinical breast examinations and referral for treatment.

#### **Procedure**

- C Utilize the AHP Health Risk Profile to annually assess each patient's status regarding the need for clinical breast examination based on established policies and procedures.
- C Make available risk reduction education and a CBE for each patient found to be at risk.
- C Refer to the Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition as the reference for performing a clinical breast exam. See Section II of this Manual for Clinical Breast Exam Screening and Risk Reduction Education Standards.

- C Maintain evidence that staff are adequately trained to perform clinical breast examinations.

### **Standard**

- C Clinical breast examinations are performed by qualified physicians, registered nurses with additional training, nurse midwives, nurse practitioners or physician's assistants.
- C Procedures follow current medically acceptable methods for examination and contain all essential components addressed in the Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition.
- C Individuals with breast abnormalities or suspicious lesions are referred to a physician for follow-up and disposition of treatment, as evidenced by medical records.
- C Staff credentials and documentation of training are made available to the state agency staff during site review visit.
- C Site's clinical procedural manual is made available to the state agency staff during site review visit.

### **References:**

Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition

Adult Health Policies for:

Core Preventive Screening Elements

Abnormal Screening Results

TDH Breast and Cervical Cancer Control Program

\* This policy does not correlate with the HRP-SF, but has been included for the convenience of clinicians who wish to include this element as part of a comprehensive clinical prevention program.

## **Adult Health Program Policies, Procedures And Standards**

### **Policy No. 1-10D: Quality Assurance for Oral Cavity Screening Exam**

#### **Background**

To ensure a reasonable and prudent standard of care for screening individuals who have risk factors for compromised oral health, Adult Health Program (AHP) contract agencies must maintain quality in the provision of oral cavity screening exams, including standardization of procedures and qualifications of providers.

#### **Policy**

- Each provider must maintain adequate professional education and skills to ensure prudent and safe nursing or medical practice.
- Clinician's performing beyond the scope of their training and knowledge are in violation of their professional licensure standards.
- AHP contract agencies will maintain a written policy for performing oral cavity screening exams and referral for treatment.

#### **Procedure**

- Use the AHP Health Risk Profile to annually assess each patient for oral health risk.
- Make risk reduction education and an oral screening exam available to each at-risk patient.
- Refer to the Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition as a reference for performing a clinical oral cavity screening examination.
- Refer to Section II for Oral Cavity Screening Exam and Risk Reduction Education Standards.
- Maintain evidence that staff are adequately trained to perform oral cavity screening examinations

and teach oral cavity self examination.

### **Standard**

- Oral cavity screening examinations are performed by qualified nursing or medical personnel.
- Procedures follow current medically accepted methods of examination and contain all essential components in the Clinician's Handbook of Preventive Services 2<sup>nd</sup> Edition.
- Individuals with oral cavity abnormalities or suspicious lesions are referred to a physician or dentist for clinical examination and disposition of treatment and the referral is documented in the medical record.
- Staff credentials and documentation of training are made available to the state agency staff during site review visit.
- The site's clinic procedure manual is made available to the state agency staff during a site review.

### **References:**

Clinician's Handbook of Preventive Services

Adult Health Policies for:

Core Preventive Screening Elements

Abnormal Screening Results

## **Adult Health Program Policies, Procedures and Standards**

### **Policy No. 1-11: Risk Reduction Education and Counseling**

#### **Background**

The prevention of chronic disease often requires the patient to alter his or her personal behavior. In the past, the focus of medical care has been on the treatment of acute illness. However, a review of the data suggests that patient behavior change, although difficult to achieve, may be more valuable than any screening tests or immunizations that the patient might receive. Patients value the advice of clinicians. So much so that studies have shown that even brief interventions, such as simple advice to stop smoking or increase activity, have a beneficial effect. It is essential that health care facilities establish an understanding among staff of what constitutes effective education and counseling. Staff must also understand that the provision and documentation of patient risk reduction education at every visit, no matter how brief, is essential.

#### **Policy**

- Each risk identified on the Health Risk Profile must be addressed with risk reduction education and counseling and/or screening exams, tests, immunizations, and/or referrals.
- A protocol to define the delivery process, as well as the content of health education and counseling messages for each element of the HRP must be present in all AHP contract sites and is recommended for other agencies that do not already have established protocols.
- Health education and counseling conforming to the facility's protocol will be delivered by a qualified individual for each patient's identified risk factors. Provision of HIV education requires specialized training.

- Health education and counseling must be documented on the Preventive Care Flow Sheet or a similar form in the patient record.
- Nursing and office or clinic support staff will conduct monitoring activities to assure that patients receive appropriate education and counseling on identified risk factors.
- Facilities will ensure that patients with special communication needs receive health education and counseling that they are able to understand.

### **Procedure**

- Establish a facility protocol to define the content and format of patient education for each element of the HRP. Make copies of clinic policies available to all staff.
- Maintain evidence that staff performing health education and counseling are adequately trained and supervised..
- Maintain a supply of appropriate health-education materials at the literacy levels and in the languages appropriate for the patient population.
- Make a list of community resources available to patients for all types of counseling and education that cannot be provided in the clinic.
- Document risk reduction education on the HRP and/or the Preventive Care Flow Sheet, or a similar form, in the patient record.

### **Standard**

- Health education and counseling is provided by appropriately trained and qualified personnel.
- Health education is culturally appropriate and presented in a style and format that is sensitive to the cultural values and traditions of the patient.
- Information is provided at an educational level consistent with the age and learning skills of the



patient, using terminology consistent with the patient's language and communication style.

- Staff credentials and/or documentation of training are made available to the state agency staff during site review visits.
- The site has a protocol to define the content and format of patient educational messages for each element of the HRP. The protocol is made available to the state agency staff during site review visits.
- Health education is documented in the patient record.
- Patient risk reduction education needs are a part of the patient's care plan.

### **References:**

Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Edition

Adult Health Program Manual for Clinical Preventive Services, Section II

## **Adult Health Program Policies, Procedures and Standards**

### **Policy No. 1-12: Normal Screening Results**

#### **Background**

Patients should be informed of normal screening exam or test results and provided prevention education related to the risks identified on the Health Risk Profile.

#### **Policy**

- The results of normal screening exams or tests should be provided to all patients.
- Each clinical site should have a written policy detailing how patients will be informed of normal results.

#### **Procedure**

- Obtain or write a policy to inform patients of normal screening and diagnostic test results.
- This policy must be signed by administration and reviewed annually, with clinic staff updated on any changes.
- Place copies of clinic policies in areas accessible to all staff.

#### **Standard**

Clinicians must adhere to the guidelines and standards of the written policy to inform patients of normal screening exam or test results.

## Adult Health Program Policies, Procedures and Standards

### Policy No. 1-13: Abnormal Screening Results

#### Background

Health risk assessments, screening tests and physical examinations should be provided in a setting where adequate follow-up, including patient education, repeat screening, referral, and treatment, can be provided.

#### Policy

- Abnormal results require follow-up, and the outcome or status must be documented in the patient medical record, including documentation of referrals made to other health care providers. Screening results are categorized as Immediate Results and Later Results.
- **Immediate Results:** Tests or examinations provided during the clinic visit, with results available immediately. Patients must be informed of abnormal screening results at the time of testing or examination and appropriate education, follow-up, or referral information must be provided and documented.
- **Later Results:** Tests or examinations that are performed outside the facility, such as serum cholesterol levels, blood glucose levels, Pap smears, or screening mammogram. Patients must be contacted regarding abnormal screening results no later than five (5) days after receipt of the abnormal results by the clinic. Appropriate education, follow-up, and referral information should be provided to the patient and documented in the medical record. At least three (3) documented unsuccessful attempts to contact the patient must be recorded in the medical record. A home visit or certified letter is strongly suggested if the screening results are highly suspicious or indicate a possible malignancy and the patient cannot be reached by phone.
- A patient may be considered lost to follow-up if he or she cannot be reached after three attempts, or if it can be documented in the medical chart that the patient has moved without leaving a forwarding address.

**Procedure**

- Obtain or write a policy for follow-up of abnormal results which is signed by administration and reviewed annually, with clinic staff updated on any changes.
- Place copies of clinic policies in areas accessible to all staff.

**Standard**

- The staff adheres to the guidelines and standards of the written policy for follow-up of abnormal screening results and this is evidenced by medical records documentation.
- The site's policy manual is made available to the state agency staff during site review visits.

## **Adult Health Program Policies, Procedures and Standards**

### **Policy No: 1-14: Refusal of Tests, Examinations and Immunizations**

#### **Background**

Patients have the right to refuse any and all services. It is the provider's responsibility to document that the need for services was explained fully, and that the patient refused those services.

#### **Policy**

Patient refusal of a screening procedure, any part of the physical examination, immunization, or referral for diagnostic tests or treatment must be documented in the medical record, on the Preventive Care Flow Sheet, and/or in the progress notes.

#### **Procedure**

- Obtain or write a policy for patient refusal of services, which is signed by administration and reviewed annually, with clinic staff updated on any changes.
- Place copies of clinic policies in areas accessible to all staff.

#### **Standard**

- The medical management of a patient refusing services adheres to the guidelines and standards of the written policy, and is documented in the medical record.
- The site's procedure manual is made available to the state agency staff during the site review visit.

## **Adult Health Program Policies, Procedures And Standards**

### **Policy No 1-15: Return Visits**

#### **Background**

Reinforcement, support, and additional education is important in promoting behavior change that will reduce a person's risk(s) for chronic diseases and adverse health outcomes.

#### **Policy**

Return visits are defined as visits in which risks identified on the annual health risk assessment are addressed during the 12 months following completion of the assessment.

Return visits should be used as an opportunity for:

- Additional education
- Monitoring existing conditions
- Retesting when indicated by protocols
- Completion of needed screening exams, tests, immunizations or counseling

Documentation must be present in the medical record that the patient has received all of the appropriate screening tests/exams and education/counseling for each risk identified on the annual health risk assessment **at least once** during the 12 months following completion of the assessment.

The following situations are not considered a return visit unless they include documentation of a specific patient education learning objective:

- Informing the patient of normal/abnormal results.
- Following-up on a referral to see if the patient went for care and/or to get results of referral

such as lab, mammogram, pathology reports.

### **Procedure**

- c Obtain or write a policy on patient return visits, which is signed by administration and reviewed annually, with clinic staff are updated on any changes.
- c Place copies of clinic policies in areas readily available to all staff.

### **Standard**

- c Procedure for service delivery on a return visit adheres to the guidelines and standards of the clinic written policy, as documented in medical records and reported in data.
- c Site's clinic procedural manual is made available to the state agency staff during site review visits.

## **Adult Health Program Policies, Procedures and Standards**

### **Policy No. 1-16: Resolution of Preventive Services Needs**

#### **Background**

The policies of the Adult Health Program (AHP) focus on risk assessment, screening, and patient risk reduction education. However, patient needs often extend beyond these initial steps and require diagnosis, treatment, and monitoring as well as the reinforcement of educational messages. Case management may be required to guide the patient through needed services. Providers must ensure that:

- Patient needs for clinical preventive services, as described by the AHP and identified on the patient's Health Risk Profile, are resolved in an appropriate manner.
- Efforts are made to facilitate a seamless transition of patient care from the preventive services under the auspices of the AHP into other services.

#### **Policy**

- A patient's preventive services, as described by the AHP, are concluded when:
  - An annual health risk assessment is completed using a Health Risk Profile (HRP) according to the clinic policy.
  - Risk-reduction education and counseling for each identified risk is provided at least once, and documented on the Preventive Care Flow Sheet, on an equivalent form, and/or in the clinical record.



- Required screening tests or exams are provided and documented on the Preventive Care Flow Sheet or an equivalent form for each of the following risks identified on the HRP:
  - Weight (with height)
  - Blood Pressure
  - Serum Cholesterol Level
  - Blood Glucose Level
  - Screening for Colorectal Cancer
  - Mammography
  - Pap Smear
  - Oral Exam
  - Tuberculosis Skin Test
  - STD and HIV Screening for at risk individuals
  
- Necessary immunizations are administered and documented on the Preventive Care Flow Sheet or an equivalent form.
- Refusal by the patient of education, screening examinations or tests, immunizations, or referrals is documented in the patient's medical record.
- An appointment is missed by the patient and contact with, or reasonable effort to contact the patient to reschedule the appointment is documented in the medical record at least one time.
- A patient is lost to follow-up and the loss is documented in the medical record.
- A clinician's referral for services and follow-up is documented in the medical record.
  
- The AHP funded agency will develop a policy for patient management following screening, which should include diagnosis, treatment, monitoring and referral.

## **Procedure**

- Follow the facility policy statements in this manual to deliver and track clinical preventive services.
- Obtain or write a policy for the diagnosis, treatment, monitoring, and referral of patients, which is signed by administration and reviewed annually, with clinic staff updated on any changes. Place copies of clinic policies in areas readily accessible to all staff.
- Ensure that patient needs for diagnosis, treatment, monitoring, and referral are met and documented in accordance with clinic policy.

## **Standard**

- Patient diagnosis, treatment, monitoring, or referrals are documented and risk assessment and screening adheres to the guidelines and standards of the clinic's written policy.
- The agency's clinic procedure manual is made available to the state agency staff during site review visit.

